

**AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY**

In re Application of:

DR Paul K. Piontkowski

Application No.

10/646,929

Filed:

Aug. 25, 2003

Title:

Stereo Microscope

Attorney Docket No.

Art Unit:

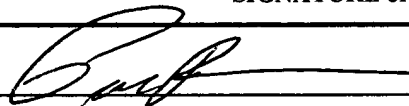
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The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
CARROLL B. DORITY	33148

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does **not** have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record

Signature		Date	9/29/04
Name	DR Paul K. Piontkowski	Registration No., if applicable	
Telephone	(703) 768-7278		

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.